

CLAIMS ONLY							Application Number 1064452		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			1				51				
2							52				
3							53				
4							54				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			2				Total Indep				
Total Depend			11				Total Depend				
Total Claims			13				Total Claims				